

RECEIVED

8 AUG 2006

Legal Staff  
International Division

Mail Stop PCT  
Attention: PCT Legal  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the U.S. National Stage patent application of:

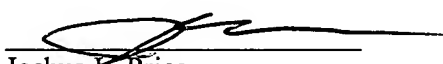
In re: Abittan Abrasives et al.  
U.S. App. No.: 10/581,233  
U.S. Filing Date: June 2, 2006  
Customer No.: 029889  
For: "Faceted Gemstone"

Docket No.: ABAL5001  
Int. App. No.: PCT/BE2003/000208  
Int. Filing Date: December 2, 2003

Enclosed are:

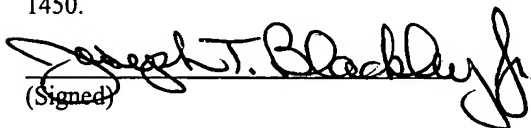
- ☒ Declaration for Utility Application
- ☒ Postal Card for Acknowledgment of Receipt.
- ☒ The Commissioner is hereby authorized to charge payment of the \$65.00 fee and any other fees associated with this communication or credit any overpayment to Deposit Account No. 15-0490.

Olive & Olive, PA  
500 Memorial Street  
P.O. Box 2049  
Durham, NC 27702-2049  
Telephone: (919) 683-5514  
Facsimile: (919) 688-3781

  
Joshua L. Price  
Attorney for Applicant(s)  
Registration No. 50, 766

**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service, Express Mail Post Office to Addressee, and is addressed to Mail Stop PCT, Attention PCT Legal, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
(Signed)

Joseph T. Blackley, Jr. August 3, 2006  
(Name of person signing) (Date)

EV 548510752 US  
Express Mail No.

111 FOR PICKUP OR TRACKING OF ALL YOUR PACKAGES

FLA.



UNITED STATES POSTAL SERVICE®

WWW.USPS



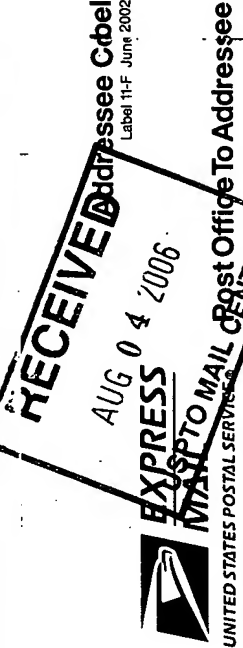
UNITED STATES POSTAL SERVICE®

CORPORATE ACCOUNT

POSTAGE AND FEES PAID Label 108 Oct. 1994



EVS48510752US



ORIGIN (POSTAL USE ONLY)			
PO Zip Code	Day of Delivery	Flat Rate Envelope	
	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> Postage	
Date In	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$	
Mo. Day Year	Military	Return Receipt Fee	
Time In	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee	Insurance Fee
Weight	Int'l Alpha Country Code		
lbs. ozs.	Acceptance Clerk Initials	Total Postage & Fees	\$
No Delivery			
Weekend			
Holiday			
CUSTOMER USE ONLY			
METHOD OF PAYMENT:			
Express Mail Corporate Acct. No.			

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Date	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if delivery is attempted on a day other than the day specified on the label. The signature of the addressee or a designated agent must be obtained at the time of delivery. If the signature is not obtained, the package will be held at the post office for pickup by the addressee. A valid proof of delivery is required for all insured mail.			
<input type="checkbox"/> NO DELIVERY (Weekend or Holiday)			
Customer Signature			

FROM: (PLEASE PRINT) PHONE: ( ) - -

TO: (PLEASE PRINT) PHONE: ( ) - -

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

PRESS HARD. You are making 3 copies.

This packaging is the property of the U.S. Postal Service and is provided solely for use in sending Express Mail. Misuse may be a violation of federal law.